

## Change of scenery: Inside one family's journey from old hospital to a new one

BY BRYCE DONOVAN

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Module 105 on the eighth floor of the Children's Hospital is completely quiet. There are no monitors beeping, no nurses talking, no babies crying. A lone pair of light blue latex gloves lie on the floor, the only hint that hours prior this very space was buzzing with life. Humans big and small, the collective heartbeat of the building, now all gone. Off to start a new chapter, a new era of health care at MUSC.

Two blocks away Darrell Brace holds his four-month-old son, Easton, who is happily feeding on a bottle as the sun spills onto his father's shoulders, giving the dad an otherworldly glow. A brand-new fluffy white teddy bear sits on an adjacent blue leather armchair, patiently waiting to be squeezed by an adoring child. The setting is so serene that you'd never suspect it was only earlier that morning when an ambulance transported the two of them from the only home Easton had ever known to the fifth-floor neonatal intensive care unit (NICU) at the brand-new MUSC Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion. But they weren't alone. A team of seven EMTs, nurses and respiratory therapists, and a whole host of equipment and supplies, also piled into the ambulance for the short journey.

The \$390 million, 625,000 square-foot facility officially opened its doors on Saturday, Feb. 22, and Easton was one of 157 children ferried by 36 ambulances from the

old building to the new. In total, the distance they traveled was a little over 1,400 feet, but ask any of these kids' parents, and no doubt their mental measuring sticks registered a much larger number.

"I'll be honest; it's a relief to have this done," Darrell says, then chuckles. "This is exactly why I was the one here today and not my wife!"

In total, the team transferred 58 NICU babies from the eighth floor of the old hospital to the fifth of the new — all in the span of about 12 hours.

At 10:02 a.m., the green light was finally given to Easton, and his crew of eight wheeled him down the hall, into the elevator and out the front door, where a running ambulance was waiting. Once inside, the team drove south on Ashley Avenue — normally a one-way street going in the opposite direction, but today city officials shut the road down to public traffic — before making a right on Calhoun Street. Two quick turns later and they were entering the ambulance entrance under the new hospital. Outside the vehicle they were directed to another elevator. More movement, this time vertical. Doors open. Take a right. Another right. A left.

And exhale.

From start to finish, Easton's journey took 14 minutes. All the while, Darrell, a critical care nurse at the Ralph H. Johnson VA Medical Center, never once looked particularly nervous. The father of four —

See NICU on page 15



Photo by Bryce Donovan

**Darrell Brace exits the rear of the ambulance, as his 4-month-old son Easton emerges from side, during the pair's meticulously planned and executed move from the old MUSC Children's Hospital to the new one on Feb. 22. Below, Darrell and Easton enjoy some much-needed calm after the buzz of the morning.**



Photo by Sarah Pack

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Kids bring new life  
to hospital.

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Family is grateful for  
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## MUSC PRESIDENTIAL UPDATE

Dear MUSC family,

Teams across the MUSC enterprise continue to monitor the ever-evolving information from the Centers for Disease Control and Prevention (CDC) regarding COVID-19 (formerly known as 2019-nCoV or the Wuhan coronavirus) as we prepare for any number of possible scenarios, including widespread infection in the United States and South Carolina.

I hope it comes as no surprise that we have numerous senior leaders, faculty members and clinicians involved and engaged with our state government and the South Carolina Department of Health and Environmental Control (DHEC). We will continue to provide a leadership role for our state in the planning, preparedness and amplification of public health messages in the days ahead, and we take very seriously our responsibility to care for our fellow citizens in the event of a statewide or local public health crisis.

An enterprisewide task force met on March 3 and determined that effective immediately, all MUSC-sponsored international travel is prohibited for students and residents. All MUSC and MUSC Health-sponsored employee, faculty and staff international travel to CDC Level 2 and 3 countries is also prohibited until further notice. At this time, we are not prohibiting domestic travel; however, there are important protocols, risks and potential consequences you should bear in mind.

MUSC ([www.musc.edu/coronavirus](http://www.musc.edu/coronavirus)) and MUSC Health ([www.muschealth.org/coronavirus](http://www.muschealth.org/coronavirus)) have cross-linked websites that offer important information related to this outbreak and its impact on our organization, ranging from enterprise-wide travel restrictions to ensure the health and safety of our students, faculty and staff to the best real-time resources for national, statewide and MUSC-specific health information.

I strongly encourage everyone in our MUSC family to familiarize yourself with these frequently updated resources and direct others to them as appropriate, if you have not already.



My thoughts are with all of those affected by COVID-19 and those MUSC family members with loved ones, friends and colleagues in affected areas. Thank you for all that you do to contribute to the MUSC vision and mission, and as always, we'll navigate this together.

Yours in service,

David J. Cole, M.D., FACS  
MUSC president



MUSC President David Cole.

	<h1>science café</h1>	<h2>GLAUCOMA</h2> <p>Seeing is Believing!</p>
		<p>Glaucoma is one of the leading causes of blindness for people over the age of 60, and many forms of the disease have no warning signs. Join us to hear from Dr. Craig Crosson on the underlying causes of glaucoma, its diagnosis, current treatments, and future therapies!</p> <p><b>Tuesday, March 17, 2020   5:30 pm</b> <b>Holiday Inn Riverview - The Round</b> 301 Savannah Highway Charleston, SC 29407</p> <p><b>Craig E. Crosson, Ph.D.</b> Pawek-Vallotton Endowed Chair in Ophthalmology Senior Associate Dean for Research College of Medicine</p> 
<p><b>Science for the rest of us</b></p> <p>MUSC's Science Café is a series of presentations offering entertaining talks on scientific subjects in a fun, non-technical way in a pleasant social environment. To learn more, contact Tara Abbott at 843-792-2926 or <a href="mailto:abbott@musc.edu">abbott@musc.edu</a>.</p>		

## MUSC CATALYST news

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## MEET RASHANA



**Rashana Gillanians**

**Department and how long at MUSC**  
*MUSC Innovation Station; almost three years*

**How are you changing what's possible at MUSC**

*By giving people a place to come to while answering questions to help resolve their technical issues*

**Pet**

*Max, her beloved Siberian husky, died recently.*

**Favorite role model**

*Maya Angelou*

**Best thing about living in Charleston**

*Family and friends live here.*

**Dream job**

*Working in my field of study — civil engineering*

**What's new at work**

*The Innovation Station is temporarily moving in May to the first floor of 135 Cannon Street. It's just for a year while the MUSC library building is being renovated.*



March 19, 2020 | 9:00 am - 1:00 pm

## MUSC Center on Aging Senior Expo

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Changing What's Possible

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# Commentary: MUSC’s new children’s hospital fulfills passion, purpose

By KATHY COLE

MUSC first lady

Growing up, I always wanted to be a nurse. While in training, I discovered working with children brought me the most fulfillment — a sense of making a difference for young patients and their families.

My experiences as a caregiver, as well as my life roles as a wife and mother, have given me a tremendous appreciation for the newly opened MUSC Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion.

Having trained and worked in hematology/oncology wards at children’s hospitals in Texas and Atlanta, I know firsthand the physical, mental and emotional toll of this work. It is sometimes difficult to fathom how strong, resilient and remarkable pediatric patients can be.

Quite frankly, I learned a lot about life and living from them. It is an honor to take care of patients and families whose lives are turned upside down by cancer, a shattering childhood injury or some other debilitating illness.

Every day, the care team members at our community’s new children’s hospital and women’s pavilion strive to deliver their best, which includes the highest quality care, the most compassionate aid, and the utmost when it comes to innovative thinking and types of treatment.

I intentionally refer to the new hospital as belonging to our community because this amazing state-of-the-art facility was planned, designed and built incorporating the input, feedback and experiences of patients and their families, nurses, physicians and other health care workers. This hospital is truly something special.

The Jenkins family members have been involved intimately from the beginning, giving of their time, energy and resources at every stage. In that same vein, the Tourville family has also demonstrated a deep commitment to giving of themselves for the betterment of women, children and families.

Everyone, including the construction workers who held a children’s hospital fundraising event among their crew members, has poured their hearts into this project. You can feel it when you walk through the front door. The love is palpable. Our new hospital is a wonderful place of passion and purpose.

Even though this new facility has been open only a week, I’ve had the opportunity to walk the corridors of this extraordinary hospital several times with my husband, Medical University of South Carolina President David Cole.

As we visit with hospital staff, pediatric patients and family members, I am overwhelmed with feelings of gratitude for the tremendous impact, healing and hope being shared in this space. The natural light in all the rooms, the many places where patients and families can gather, the carefully arranged location of the different specialties and clinics with patient rooms in close proximity; all of it invites a sense of community for everyone who is in this space, long- or short-term.

With the advanced technology in the patient rooms, including iPads and WiFi, we are surging forward in our patients’ and families’ ability to communicate their needs to physicians, nurses, therapists, patient technicians and other caregivers as well as to dietary services, housekeeping and other support services they may need.

Patients who travel from beyond Charleston can use digital technology to connect securely with friends and family members as often as they want, keeping loved ones who may be far away in close touch. As a nurse who spent significant periods of time with family members who had long-term stays in hospitals with sick children, I know the ties back home are often what patients miss most.

*Editor’s Note: This letter was published on Feb. 29 in the opinion pages of The Post and Courier.*



Photo by Sarah Pack

MUSC President David Cole and first lady Kathy Cole visit a young patient on Feb. 22 during the opening of the MUSC Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion.

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# Kids' arrival bring new hospital to life on opening day

By HELEN ADAMS

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At 5:23 a.m. on Feb. 22, a siren pierced the dark morning sky in downtown Charleston. A bright blue ambulance arrived with the first patient for the MUSC Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion.

The tiny passenger, a medically fragile baby, was brought into the hospital under the supervision of neonatologist John "Jersey" Cahill, M.D.

Judy Stephens, an architect who worked on the hospital and volunteered to help with opening day, watched from the entrance. She teared up after the baby was wheeled in. "It's very emotional. A project like this is kind of a once-in-a-lifetime project. It's 650,000 square feet, and it's important not only for South Carolina, but anywhere. It's such an honor. It's really moving," she said.

Inside the state-of-the-art hospital, namesake Shawn Jenkins was waiting to witness that first patient's arrival. "We were there in the NICU when the first baby came in, and everybody was clapping and cheering, and there was a little teddy bear waiting for the baby. We were crying and hugging



Dr. Alice Walz listens to Mya Broxton's heart after the 1-year-old girl's arrival in the MUSC Shawn Jenkins Children's Hospital.

Photo by Sarah Pack

each other," he said later. NICU stands for neonatal intensive care unit.

Jenkins, a founder of Benefitfocus, donated \$25 million to help build the hospital at 10 McClennan Banks Drive in Charleston. He arrived around 4:15 a.m. on opening day so he wouldn't miss a thing. "I felt like it was a real honor to be able to get up early and be with the team as they came in."

In a carefully coordinated effort, scheduled down to the second, 36 ambulances delivered child after child to the new hospital. Pregnant women started to arrive, too, and

were shown to a designated "stork" elevator that took them directly to the labor and delivery area in the Pearl Tourville Women's Pavilion. The pavilion is named after a well-known Orangeburg woman whose family started the company Zeus Industries and donated millions to help build the new hospital.

Gloria Belton appeared to be enjoying every minute of it. The Environmental Services employee, who said she loves babies, greeted people arriving at the stork elevator as she kept

See **OPENING** on page 16

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# Leap Day triplets born at MUSC turn 16 (or is it 4?)

By **BYRCE DONOVAN**

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According to experts, the odds of having triplets are about 0.1%.

Spontaneous triplets – when multiples don’t run in the family and no fertility drugs have been taken before pregnancy – are even rarer, on the order of 0.01%.

The odds of being born on a leap day – that weird looking ‘February 29th’ on the calendar, one of which we have this year – are 0.06%.

Combine all those odds together, and in 2004, Kelly Rowe had a better chance of winning the Powerball jackpot. Twice.

And then – statistics be damned – she had Harris, Elizabeth and Drew. Leap day triplets. And from that moment on, life was never the same. (Sadly, Kelly didn’t think to buy a lottery ticket.)

The night before the triplets were born, Kelly and her husband, Jeff, handed off their two kids – ages 3 and 6 at the time – to some friends and made the drive to MUSC. Kelly, who was just shy of 38 weeks pregnant, knew it was finally happening.

Their doctor, MUSC maternal-fetal medicine specialist Roger Newman, M.D., was alerted and arrived at the hospital excited and ready. But as is often the case in pregnancy, babies don’t always arrive when you’re ready for them. So they waited. And waited. Newman, who wasn’t on call that night but had made a promise to Kelly that he would be the one to deliver the triplets, patiently waited with them. It wouldn’t be until the next evening that she would go into labor.

Harris came first at 6:32 p.m. Nurses had warned Kelly it might be a while before the next was ready. Elizabeth, a go-getter just like her mom, was having none of that. She arrived seven minutes later. Then Drew, whose foot made a brief appearance before Elizabeth emerged, was born three minutes after that. In all, the three were only separated by 10 minutes.

By 7 a.m. the next morning, word had gotten out, and people were already knocking at the door. Doctors, nurses, journalists. “We barely had time to eat,” Kelly says. “We were joking, it was like, ‘Next!’ It was just a whirlwind. It was exciting. I think we were all on an adrenaline ride.”

Her blue eyes water as she thinks back to that time – four of her children and her

in-laws in the room, listening, with rapt attention – something she says she really hasn’t allowed herself to do for almost 16 years.

“People use the word ‘surreal,’” she says. “And it is. You don’t feel like it’s you. You feel like you’re up above, listening and watching something happen to someone else. But it is you. And you can’t quite wrap your head around that.”

Though the triplets don’t want to admit it, the fact is they’re a tightly knit trio. The family talks about how when they were potty training, they used to cheer each other on. Once they got more mobile, they taught each other how to escape from playpens and rooms. And even today, as Kelly points out, Elizabeth – who was born in the middle – always seems to find herself nestled between her bookends on road trips.

There’s a running joke in the Rowe household that on any given day, should the need arise, anybody could run things. With seven kids now, it’s not surprising that they all know how to look out for themselves. Kelly, a stay-at-home mom who homeschools the five children still under her roof (the other two are in college and graduate school), spends a lot of the day managing logistics. Cross country. Choir. Swim practice.

“I love a good whiteboard,” she laughs from the kitchen table in her Mount Pleasant home. Jeff, who is a structural engineer, is a good planner as well. They joke that he was able to calculate if their marriage could withstand the load of seven kids – turns out it was.

Nonetheless, keeping everything and everybody straight can still be a challenge.

“Oh, I call them the wrong names all the time,” she laughs. “And it’s really bad when I call them a name, and I don’t even have a child by that name.”

But that doesn’t mean she doesn’t love every minute of it. “I cannot imagine having a quiet house,” she says. “Just last week, Jeff took the boys out of town with him, and I was home with the two girls. And it was so quiet, it was weird.”

The Rowes – all of them (the parents, the kids, the in-laws) – seem to be perpetually smiling, upbeat, laughing. But with that comes a bit of societal pressure.

“A lot of people say we’re superhuman, but that’s just not the case,” Kelly says. “Do I get overwhelmed? Yes. Do I cry sometimes? You bet. But at the end of the day, all we can do is



*Photo by Sarah Pack*

**From left, Harris Rowe, Elizabeth Rowe and Drew Rowe – triplets born on Leap Day (Feb. 29) in 2004 – celebrated their shared birthday. Their mother, Kelly Rowe, reminisced about what life was like then and now.**



*Photo by Margaret Atwood*

**This 2004 photo shows the triplets, all in a “Rowe.”**

just try to be upbeat and have fun. We’re just normal people who work really hard.”

Typically, the triplets celebrate their birthday on March 1. On leap years, obviously, it’s a little more special. “It’s nice to celebrate it on our actual birthday,” Elizabeth says, prompting a laugh from the boys.

This year for their 16th birthday – “or fourth, however you want to look at it,” Kelly jokes – the Rowes had all their friends and family over for a big cookout in their backyard on Saturday.

“The more the merrier,” Kelly says.

And with seven kids, it’s hard not to believe her.



# 'Preparedness, not containment' for COVID-19

BY HELEN ADAMS

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Infectious disease specialist Scott Curry, M.D., at MUSC, says the new coronavirus is bound to turn up in our state, and people need to take precautions now.

"There are six words that need to be put out there," he said. "Preparedness, not containment. This is coming."

MUSC Health has seen two patients in Charleston whose symptoms and travel history met federal standards for testing for the virus named COVID-19. Both came back negative. Several others did not meet the revised, restricted criteria for testing as of Feb. 28, despite having compatible clinical illnesses and recent travel to countries where COVID-19 is widespread.

But Curry, an associate hospital epidemiologist, said that mild cases of COVID-19 are likely already circulating in South Carolina without being tested. "It's a

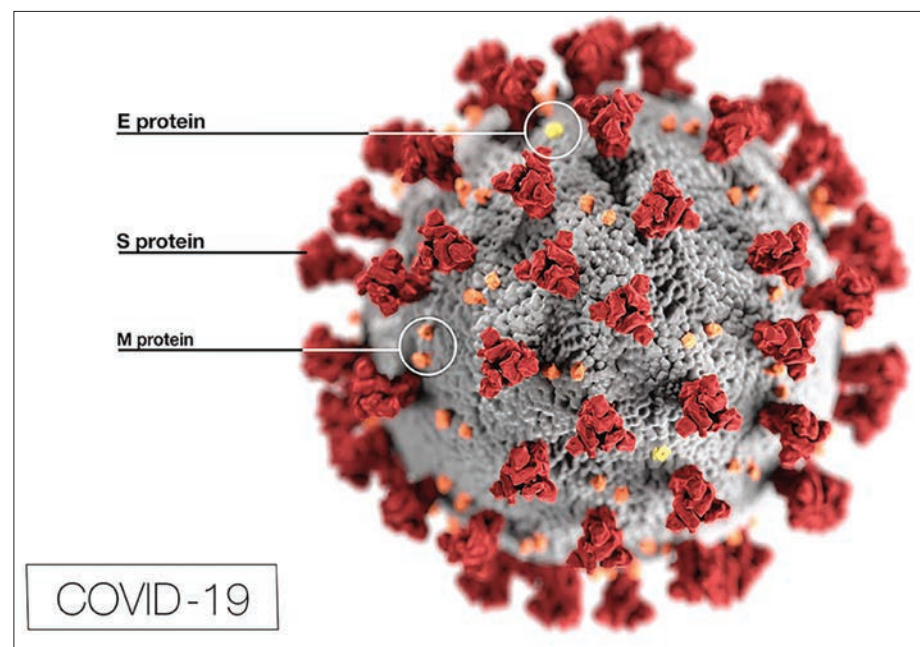
matter of when, not if. Hundreds of people come back from Italy, France and Germany through Charleston's airport daily, and those with mild influenza-like illnesses cannot currently be tested for COVID-19 by our state public health lab. By the time we have severely ill people get hospitalized, COVID-19 will be widespread in the community from which those cases originated."

The first known case of the coronavirus in the U.S. showed up about two weeks ago in Washington state. Since then, more than 100 people have tested positive for it, including seven who have died.

Researchers suspect it is much more widespread than that because a lot of people who have mild symptoms don't even know they have the virus. Elderly and chronically ill people are at the highest risk for having severe symptoms, including breathing problems.

So how can people prepare?

Curry said there are some mistaken beliefs out there. "Do you need to buy a mask? The answer is no. I need those masks in



*Graphic Provided*

**This illustration created by the Centers for Disease Control and Prevention shows what the coronavirus looks like when viewed through an electron microscope.**

the hospital for the health care workforce. The only people who need masks in the community are those who have to go out with an influenza-like illness on their way to the doctor," he said.

"What you should be buying is hand sanitizer and soap. Wash or sanitize your hands after everything you touch and every

*See VIRUS on page 16*

## David Kent and Charlotte Lemon



## Experience Matters

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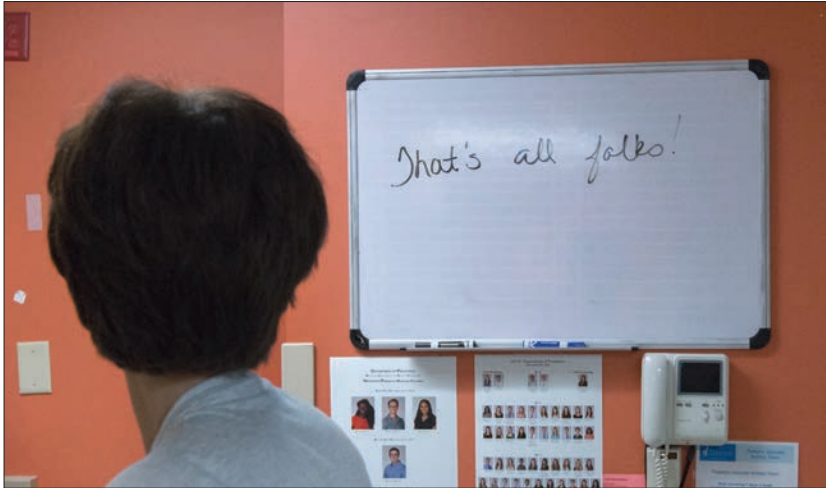




# Opening Day: MUSC Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion



Photos by Sarah Pack, Brennan Wesley, Bryce Donovan and Cindy Abole



Top left: Acute care nurses ready an isolette for an incoming occupant. Middle left: The last team arrives at the MUSC Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion. Bottom left: Staff and volunteers stay on top of the move in their area. Bottom middle: PCICU team members celebrate Opening Day, excited to be in their new digs.



Middle top: A panoramic view of the inside of an ambulance transporting staff, crew and a tiny patient. Top right: Environmental Services’ Gloria Belton shared a big hug with first lady Kathy Cole. Right middle: When it was all said and done, a lone sign in the old hospital said it best. Middle bottom: Namesake Shawn Jenkins, Kathy Cole and President David Cole celebrate the ribbon-cutting on the oncology floor. Bottom middle: A NICU father kangarooing (skin-to-skin) with his baby. Bottom right: L&D has some fun on Opening Day.





**musc**Shawn Jenkins  
Children's Hospital  
Medical University of South Carolina

## WEEK #1 STATS

**FEB**

22

### Moving Day *By the Numbers*

**700+**

Volunteers and  
team members



**157**

Patients  
moved



1<sup>st</sup> patient transported  
at **5:14 a.m.**

Total move time  
**11 hours, 56 mins.**

**FEB**

22-28

### 1<sup>st</sup> Week *At a Glance*

#### Labor & Delivery



- **64** deliveries
- **4** sets of twins
- **23** C-sections

#### 1<sup>st</sup> Leap Year Baby

Baby Soulana  
Born February 29



#### Emergency Dept.



**469**

patients cared  
for in the ED



# After 30 years, peds critical care team ready to make new memories at SJCH

BY LESLIE CANTU

cantul@musc.edu

It was long past little Mya Broxton's nap time, but the 15-month-old had no interest in sleep. Not with the undercurrent of excitement and anticipation rippling through the grown-ups around her — not to mention the constant stream of people making silly faces and blowing kisses at her.

Mya couldn't possibly understand the significance of it, but she was the first patient transferred from the pediatric intensive care unit in the old Children's Hospital to the new pediatric critical care unit at the MUSC Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion on Saturday.

Strapped into a car seat perched atop an ambulance stretcher, she was rolled out of the eighth floor unit to cheers from staff. After a short ambulance ride to Ashley River Tower, she and her entourage — two members of the transport team, an MUSC Children's Health nurse and mom Ladasha — rode up the elevator to the second floor and then wheeled across the sky bridge into the brand-new unit where nurses had literally rolled out a red carpet in front of her new room.

"This will forever be known as the Mya Broxton room!" cooed Katherine Twombly, M.D., medical director of the pediatric kidney transplant program, as Mya took in her surroundings.

Rather like Dorothy emerging into Technicolor Oz after drab Kansas, Mya landed in a big room filled with natural light, comfortable furniture for visitors and plenty of room for her stuffed animals — this after spending months in a tiny room with most of the light provided by fluorescent bulbs.

"It's breathtaking," said Ladasha Broxton.

Engineering those first moments in the new room started long before Mya was born. Leaders began planning the new hospital six years ago. Two years ago, the staffs of the intensive care and intermediate care units began cross-training in anticipation of their integration into one unit in the new hospital.

"You guys have defined flexibility, positivity and a willingness to change and grow," nurse manager Amelia Little told her team early Feb. 22 as they huddled in preparation for the move.

Normally, there would be 14 or 15 people scheduled to work a shift. On opening day, thanks to the staff's eagerness to be part of the move, there were 30 people. The doubling of staff meant that every patient — nine from intensive care and six from intermediate care — could have his or her own nurse during the move. Some staff members started their day at the new hospital, ready to receive patients, while others started at the old hospital, where they said a bittersweet goodbye to a place where emotions have accumulated like little dust bunnies of joy, grief, humor and hope.

"This unit has been here for 30 years. It's seen tragedy and triumph. It's impossible to imagine leaving it behind," Little said, her voice quavering.

But one by one, that's what they did. All told, it took about four hours to move the 15 patients.

The patients on the critical care unit range from newborns



Photo by Sarah Pack

**Ladasha Broxton cuts the ribbon to Mya's new room in a miniceremony orchestrated by the staff of the critical care unit.**

to 18 year olds and deal with a variety of diagnoses. Some become long-term residents. Mya has been there since August.

Raising Mya is a very different experience for Ladasha than raising her older daughter, Marlaysia, who is 5 and enjoying a typical kindergarten experience. When Ladasha wants to take Mya "out," she loads her into the stroller and wheels her over to the Atrium play space.

"It's a struggle," Ladasha said, but she keeps the faith that all will be well.

Mya has already come a long way. When Ladasha was pregnant, she learned she was carrying rare "MoMo", or monoamniotic-monochorionic, twins who were developing within the same amniotic sac and sharing a placenta. It's a high-risk condition, and at 28 weeks, when Ladasha suddenly couldn't feel the babies moving anymore, she learned she had lost one.

Doctors performed an emergency cesarean section to save Mya, but she still suffered complications. She spent three months in the neonatal intensive care unit, went home for a bit, then bounced back and forth between the hospital and home before landing in the hospital in August in renal failure. She needs a kidney transplant but isn't big enough yet to qualify for one. In the meantime, she undergoes daily dialysis treatments.

Ladasha typically spends a few days in Charleston with Mya, leaving Marlaysia in her mother's care, then returns to spend a few days at home in Bamberg. Walking out of Mya's room to



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See **MOVING** on page 13



# Grateful mother praises experience at Advanced Fetal Care Center

BY CINDY ABOLE  
aboleca@musc.edu

Megan Gallucci is proud of her family of three. She's particularly happy with the specialized care that she and daughter Aria, 22 months, received at the MUSC Children's Health Advanced Fetal Care Center (AFCC) almost two years ago. Looking back, she and her husband feel immense gratitude to have been connected with such experienced maternal fetal medicine care team and pediatric specialists. Less than two years ago, the Charleston native along with husband, Matthew, were filled with hope, and anxiety, as they waited on the arrival of their firstborn daughter, Aria. But their emotions were on a different level from those of typical expectant parents. Like most couples, Megan and Matthew

were excited to learn that they were pregnant with their first child. That was August of 2017. About 20 weeks into her pregnancy, a routine ultrasound unveiled a complication in Megan's pregnancy. Scans confirmed an unusual buildup of cerebrospinal fluid (CF) in their unborn baby's brain, which filled the brain's ventricles and created pressure in her tiny head – a condition called hydrocephalus. For every 1,000 babies born in the United States, two newborns will have this fetal condition. Some children with hydrocephalus, and similar birth defects, can experience developmental and physical delays and other health complications. A complex fetal diagnosis like hydrocephalus requires regular monitoring and specialized care for both mother and developing child. Megan was referred to the maternal fetal medicine care team at MUSC to help to manage her high-risk pregnancy in a streamlined clinical



*Photo Provided*  
**Aria Gallucci rests at MUSC Children's Health after being born with hydrocephalus in 2018. Aria's mother, Megan Gallucci, received pre- and postnatal care at the MUSC Advanced Fetal Care Center.**

care setting. At the AFCC, Megan saw Eugene Chang, M.D., and other maternal-fetal medicine physicians, imaging specialists, perinatal counselors and pediatric nurse practitioners who participated in her and her baby's

*See FETAL on page 14*



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MOVING *Continued from Page Eleven*

head home doesn't get any easier. "I hate it," she said. "But at the same time, I know they take very, very good care of her." In fact, Mya is a bit of a star of the unit, with dozens of stand-in aunties and uncles at the ready to fuss over her. There have been a few times when Ladasha has arrived from Bamberg and panicked to find Mya's room empty, only to realize that she was hanging out at the nurses' station.

Ladasha and other parents' hospital stays should at least be more comfortable now.

The old intensive care unit had four private rooms, each with a single pullout chair for a visitor to sleep in. But the rest of the unit was open, and the remaining seven beds were divided only by curtains, each with only a regular chair for visitors to attempt to sleep.

On the new unit, every bed is in a spacious private room with its own bathroom. There's a recliner, a table where parents can work and a couch that pulls out to a bed. Members of the Patient and Family Advisory Council tested every piece of furniture under consideration for the new hospital and helped select those that ultimately made the cut. Little was delighted to see parents who hadn't known each other previously now sitting down to share a meal in the new family lounge area.

Big windows allow in plenty of light and a view of the lower peninsula. Children can play games or watch videos on their room iPads. They can spend time in the unit playroom right there on the second floor or head up to the big playroom on the seventh floor. They can even go outside in the outdoor play area.

The old unit will be repurposed for adult care. But on opening day, after the last patient had gone and the hustle bustle of a hospital had faded, leaving only an eerie quiet, three of the doctors who started the critical care unit gathered to reminisce.

"This was a battleground," recalled Fred

Tecklenburg, M.D., medical director of the pediatric intermediate care unit, who was there when the unit opened in the spring of 1987. "Sometimes you had incredible victories. And sometimes you had horrible, disheartening defeats."

Every bedspace carries memories of multiple patients, he said, memories that he'll take to his grave.

The unit was, at the time, a huge improvement over the tiny space that had been allotted to pediatric critical care in the children's area of the main hospital. Still, there were few pediatric specialists in Charleston then, said Dave Habib, M.D., Ph.D., now the chief of the Pharmacy Integrated Center of Clinical Excellence. He joined Tecklenburg in 1989.

"We were the rheumatologists. We were the endocrinologists," he said. Now, of course, MUSC Children's Health has multiple pediatric specialists in each of its more than 26 specialty areas and serves as a regional hub for advanced care.

Tecklenburg and Habib were joined in 1991 by Sally Webb, M.D., and Joel Cochrane, D.O., in 1993. By 2014, Tecklenburg noted, the four of them had a century's worth of pediatric ICU experience. That type of group longevity is unusual in the pediatric ICU world, he said, but he attributed it to the collegiality that's promoted from the very top of the institution on down.

And, as many memories as they have of the old unit, they're also excited about the new unit. "What is so absolutely wonderful is to see our city be large enough to have a freestanding children's hospital that's state of the art," Tecklenburg said.

But aside from all the bells and whistles of the new hospital, the heart of MUSC Children's Health is always its staff.

"The unit is all these people," Little reminded her staff Saturday as they prepared for the move. "If it wasn't for you, we couldn't open this new unit."

**Drs. Fred Tecklenburg, Sally Webb and Dave Habib share memories in the pediatric ICU in the old hospital.**

*Photo by Leslie Cantu*



Letter from the MUSC

FACULTY SENATE

Greetings,

Commencement is a time of celebration. Reaching this point of transformation and growth is a huge accomplishment for students. We celebrate student achievement as well as the hard work the faculty has put in to support student success.

As students start a new season in their lives after graduation, so does MUSC in educating and training the next class and future generations. It is important to continue to set positive expectations for students and push the boundaries in all that we do. This graduating class will do amazing things in their professional careers because of your teaching and influence.

Please plan to be part of 2020 MUSC Commencement on May 16 at the North Charleston Coliseum. Students, their families and MUSC leadership will join you in celebrating.

On behalf of the Faculty Senate,

*Kris Helke, D.V.M., Ph.D.*  
*MUSC Faculty Senate, president*

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**FETAL** *Continued from Page Twelve*

care. She was evaluated using fetal magnetic resonance imaging (MRI) to view detailed images of Aria's brain development so the care team could confirm a comprehensive diagnosis and create a care plan that would support mother and baby throughout every stage of pregnancy and Aria's infancy.



**Infinger**

She began having weekly ultrasounds to assess the growth and development of her baby and continued up until the week of her delivery.

"I didn't do anything different than with a normal pregnancy, except to be seen weekly due to the higher risk of stillbirth. The team wanted to keep a careful eye on me and my baby, and I was OK with the extra appointments. I got to see Aria grow via ultrasounds week after week," said Megan, who visited the MUSC Health North Area Medical Pavilion for most of her appointments.

Coping with news of any type of prenatal development defect or congenital anomaly is never easy news for a mother to receive. It was no different for Megan. Like other parents, she and Matthew had questions. She researched the subject, connected with mothers' support groups online and asked her care team lots of questions. To help the expecting parents, AFCC-certified midwife Gretchen Hahn set up a team meeting that included maternal fetal specialists, a neonatologist, pediatric neurologists and neurosurgeons and other specialists to answer questions and counsel the couple.

"With hydrocephalus, there can be complications and a lot of unknowns. I found it easier to adopt the same wait-and-see attitude as my physicians in managing this. Everyone was honest and upfront when talking about Aria's medical situation, which my husband and I appreciated. Overall, they kept us well-informed at every stage of the journey," she said.

Megan's birth plan was to carry her baby to 38 weeks and deliver via a prearranged C-section. Instead, she gave birth to Aria at 37 weeks, on May 4, 2018. Aria spent three weeks in the neonatal intensive care unit (NICU) as the team assessed the baby's status. At three days old, a reservoir was placed in Aria's head to manage the CSF fluid buildup

and reduce pressure in her head. Two months later, a second surgery was done to remove the reservoir and replace it with a mechanical shunt.

Both surgeries were performed by Libby Infinger, M.D., an assistant professor and pediatric neurosurgeon. She and her colleague Ramin Eskandari, M.D., met with the family in the prenatal stage to review the information known at the time.

"There are so many unknowns in pregnancy," said Infinger. "For a woman to hear that there may be a problem with her baby creates understandable anxiety. One of the scariest things for an expectant mother and father to hear is that their baby may have significant issues and they need to see specialists for the baby's health. The AFCC does a great job bringing together experts in complicated pediatric cases who guide the families through possibilities of what to expect. Our new facility at the MUSC Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion has ample space where pediatric and maternal specialists can all come together to discuss and manage these difficult cases."

Megan was grateful that the specialists shared with them what they faced ahead.

"From the moment we learned about Aria's hydrocephalus diagnosis, the team began preparing us as to what to expect up until her birth. The doctors and staff at MUSC were amazing. A lot of what they told us happened the way they had predicted. Knowing a little bit of what to expect was comforting. They prepared me so well that it helped me cope with the initial diagnosis and unknowns and put me at ease," Megan said.

While initially, physicians estimated that between 80% and 85% of Aria's brain could be damaged due to intracranial pressure, a lack of oxygen and other complications, today, Aria is a healthy and happy toddler. And while she does experience some developmental delays, she continues to thrive in areas such as talking, where she has learned to construct sentences thanks to the intervention of a speech therapist. She also spends time with occupational and physical therapists who work with her weekly and assess her progress.

Aria's therapy is provided via the BabyNet program, South Carolina's interagency early intervention program for children ages 3 and younger diagnosed with developmental delays. Prior to discharge from the NICU, Megan was referred to the agency as part of Aria's care plan.

"We knew parts of Aria's brain were damaged due to the level of severity with the hydrocephalus. What we didn't know was



**Aria, 22 months, plays in her pretend kitchen at home.**

*Photo Provided*

how much her brain could or could not do or function. What's encouraging is that a newborn's brain can rewire itself, so anything is possible. We're hopeful in this wait-and-see period," Megan said.

For now, Aria is excited to do the same activities that kids her age enjoy such as playing with her toys, interacting with kids at her church nursery, looking through books and pretend cooking in her child-sized play kitchen. According to her physical therapist, Aria's doing things in the correct order to walk – whenever she's ready.

"We are so thankful for her and are blessed to be her parents," Megan said. "She's amazed us already in what she can do and accomplish. We're excited and can't wait to see what more she can do."

Infinger agrees. "This family is very special. I remember talking to Aria's parents shortly after she was born. They both said that they didn't care that Aria wasn't going to be 100% 'normal.' They wanted to emphasize that whatever issues she may have, they just want her to know she is loved. And loved she is, as

anyone who meets that sweet girl can't help but love her," said Infinger, who will continue to manage her care until adulthood.

Mothers and babies, like Megan and Aria, now have a new state-of-the-art facility where their care will be managed in a one-stop shop that provides family-centered care. Advanced technology allows the AFCC team to make more accurate diagnoses during pregnancy, intervene when needed and prepare families more fully for their babies' needs. The hospital's enhanced space includes couplet rooms for mothers to recover after delivery and share the same space where their newborns receive advanced care. All pediatric and neonatal ICU rooms have space for parents to spend extended time or sleep in their babies' rooms. A pediatric palliative care team is also available to provide support and consults.

The AFCC/Fetal Echocardiography office is located on the first floor of the MUSC Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion. For information about the AFCC at MUSC, visit <https://musckids.org/our-services/advanced-fetal-care>.

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"Look, I know this new hospital isn't going

Chief medical officer Mark Scheuer, M.D., played a key role in shaping the direction of



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lives and breathes. Before Saturday it was a building, but now it's actually a hospital."

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OPENING *Continued from Page Five*

the lobby clean. "I'm doing some overtime. They asked, 'Who wants to come to the new children's hospital?' I said, 'Me! I'll come,'" she said with a big smile.

She likes the fact that the new, 250-bed hospital features much more space for patients and families, beautiful views of Charleston and the latest technology. It also has an advanced fetal care center, the biggest NICU in the state, comfortable furniture for parents who want to spend the night in a child's room, entire floors dedicated to conditions such as cancer and heart problems and a helicopter landing pad designed to support a military-grade helicopter.

On opening day, it also had opportunities for employees to cross paths with Jenkins, MUSC President David Cole, and Cole's wife, Kathy. Belton ran across them while they were touring the hospital.

"I'm so excited," Belton said, as Jenkins hugged her in a shared moment of elation at the hospital's opening.

The Coles reflected on the importance of the day. "This is a significant moment in time certainly for our community and MUSC and our children. Twenty years from now, we'll all talk about how we were here when it opened,"

David Cole said. "It's very meaningful. There are so many people who have been working so hard to get this to a reality."

Kathy Cole agreed. "There's such happiness and excitement. The transition to this beautiful facility that's patient centered and family centered is going to be amazing for everybody."

Chief medical officer Mark Scheurer, M.D., who played a key role in shaping the direction of the new hospital, said the six years leading to opening day were an inspiring, exciting and challenging journey.

"The team's dedication, passion and never-ending drive to create a sea-change in patient and family care has resulted in a health care facility that Charleston, the state of South Carolina and the region will cherish for years to come."

By the end of the day, 157 children and women had been transferred to the new hospital from the old one a few blocks away. The old children's hospital will be folded into the adult hospital, to which it's already physically connected.

Stephens, the architect and volunteer who witnessed the first patient's arrival, said a lot of hard work went into moving day. "It's just incredible to see it happen."

VIRUS *Continued from Page Seven*

person you interact with or shake hands with."


He said MUSC Health is working with other local health systems on ways to slow the virus' spread. One possibility is having people suspected of suffering from the flu or the coronavirus go to centralized testing centers instead of regular hospitals and doctors' offices. The testing centers would have airborne isolation rooms and equipment to test patients safely while protecting the public.

"It'll be painful because people won't have the convenience of getting their flu test done


in their doctors' offices anymore, but I think it will be necessary as we start thinking about how we are going to know when COVID-19 is here."

It might also help ensure that there will be enough health care workers to take care of people who do get the virus, Curry said. "We can't have the health care workforce become infected by this. Because if it does what it did in China, we're going to have a shortage of people to do the work. As older folks are coming into our intensive care units and medical surgical units, we need to not have half the workforce out with a flu-like illness."

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